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Total Number of Pages in This Submission

Application No.	10/605,228
Filing Date	September 16, 2003
First Named Inventor	Stephen J. Brown
Art Unit	3626
Examiner Name	Unassigned
Attorney Docket Number	6858P001C4

ENCLOSURES (check all that apply)					
Fee Transmittal	Form	Drawing(s)	After Allowance Communication to Group		
Fee Attac	ched	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences		
Amendment / Re	esponse	Petition	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
After Fina Affidavits/	ıl /declaration(s)	Petition to Convert a Provisional Application	Proprietary Information		
Extension of Tim	ne Request	Power of Attorney, Revocation Change of Correspondence Address	Status Letter		
Express Abando	onment Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):		
Information Disc	dosure Statement	Request for Refund	Return Postcard Copies of Cited Art (84)		
PTO/SB/0)8	CD, Number of CD(s)			
Certified Copy of Document(s)	f Priority				
Response to Mis Incomplete Appl	ssing Parts/ ication	Remarks			
Basic	Filing Fee	, comand			
	aration/POA				
Response Parts und 1.52 or 1.5	e to Missing er 37 CFR 53				
	SIGNATUR	E OF APPLICANT, ATTORNEY, OR AG	ENT		
Firm	André L. Marai	s, Reg. No. 48,095			
or Individual name	BLAKELY, S	QKOLOFF, TAYLOR & ZAFMA	AN LLP		
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FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

0.00

(\$)

	Complete if Known				
	Application Number	10/605,228			
	Filing Date	September 16, 2003			
	First Named Inventor	Stephen J. Brown			
-	Examiner Name	Unassigned			
	Art Unit	3626			
	Attorney Docket No.	6858P001C4			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)				EE CALCULATION (continued)
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None	3. A	DDITIO	NAL	FEES	S
Deposit Account	Large	Entity	Sma	II Entity	y _
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Account Name Blakely, Sokoloff, Taylor & Zafman LLP		400		400	cover sheet.
The Commissioner is authorized to: (check all that apply)	2053 1812	130 2,520	2053	130 2,520	
☐ Charge fee(s) indicated below ☐ Credit any overpayments	1804	920 *	1804	920	* Requesting publication of SIR prior to
Charge any additional fee(s) or underpayment of fees as required under 37		4.040+		4.040	Examiner action
CFR §§ 1.16, 1.17, 1.18 and 1.20. Charge fee(s) indicated below, except for the filling fee	1805	1,840 *	1805	1,840	* Requesting publication of SIR after Examiner action
to the above-identified deposit account	1251	110	2251	55	Extension for reply within first month
FEE CALCULATION	1252	420	2252	210	Extension for reply within second month
1. BASIC FILING FEE	1253	950	2253	475	Extension for reply within third month
Large Entity Small Entity	1254	1,480	2254	740	
Fee Fee Fee Fee <u>Fee Description</u> Fee Paid Code (\$)	1255	2,010	2255	1,005	
1001 770 2001 385 Utility filing fee	1404	330	2401		Notice of Appeal
1002 340 2002 170 Design filing fee	1402	330	2402	165	
1003 530 2003 265 Plant filing fee	1403	290	2403	145	
1004 770 2004 385 Reissue filing fee	1451	1,510 110	2451	1,510 55	
1005 160 2005 80 Provisional filing fee	1452 1453	1,330	2452 2453	665	
SUBTOTAL (1) (\$)	1501	1,330	2501	665	
2. EXTRA CLAIM FEES Extra Fee from	1502	480	2502	240	
Claims below Fee Paid	1503	640	2503	320	Plant issue fee
Total Claims = X = X	1460	130	2460	130	Petitions to the Commissioner
Independent States 3 = X = =	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
Multiple Dependent =	1806	180	1806	180	Submission of Information Disclosure Stmt
Large Entity Small Entity	8021	40	8021	40	Recording each patent assignment per property (times number of properties)
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	1809	770	1809	385	
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	
1203 290 2203 145 Multiple Dependent claim, if not paid	1801	770	2801	385	
1204 86 2204 43 **Reissue independent claims over original patent	1802	900	1802	900	
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SUBTOTAL (2) (\$) **or number previously paid, if greater, For Reissues, see below	Reduced	by Basic Filin	g Fee Pai	d	SUBTOTAL (3) (\$) 0.00
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SUBMITTED BY	Re	gistratio	on No.		Complete (if applicable)
Name (Print/Type) André L. Marais		omey/Age		4	48,095 Telephone (408) 947-8200
Signature					Date 07/15/04



Docket No.: 6858P001C4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

STEPHEN J. BROWN

Application No.: 10/605,228

Filed: September 16, 2003

For: Patient Control of Health-Related Data In

A Remote Patient Monitoring System

Art Group: 3626

Examiner: Unassigned

INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In accordance with the duty of disclosure, enclosed is a copy of IDS Citation Form PTO/SB/08 or PTO-1449, together with copies of the documents cited on that form, except for copies not required to be submitted (e.g., copies of U.S. patents and U.S. published patent applications need not be enclosed for applications filed after June 30, 2003). This IDS and IDS Citation Form are being submitted before the mailing of a first Office Action. It is respectfully requested that the cited references be considered and that the enclosed copy of PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s).

The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made in the subject application and is not to be construed as an admission that the information cited in this statement is material to patentability.

Please charge any fees due to Deposit Account 02-2666. A duplicate copy of the Fee Transmittal (PTO/SB/17) is enclosed for this purpose.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: 67/15/04

Andre L. Marais, Reg. No. 48,095

12400 Wilshire Boulevard, 7th Floor Los Angeles, CA 90025 Telephone: (408) 947-8200

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number, Substituter form 1449A/PTO Complete if Known INFORMATION DISCLOSURE 10/605,228 **Application Number** EMENT BY APPLICANT September 16, 2003 **Filing Date** (Gse as many sheets as necessary) **First Named Inventor** Brown, Stephen 3626 **Group Art Unit Examiner Name** Unknown Attorney Docket No: 6858P001C4 Sheet 1 of 13

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